



The Dunbarton Police Department

18 Robert Rogers Road • Dunbarton • New Hampshire • 03046



CHRISTOPHER D. CONNELLY
Chief of Police

SHAUNNA K. TAYLOR
Office Administrator

ALARM INFORMATION

OWNER'S NAME:	
ADDRESS:	
HOME TELEPHONE:	
CELL NUMBER:	
WORK TELEPHONE:	
BUILDING DESCRIPTION:	
Any Animals on Property?	
If yes, what and where:	
Additional Instructions, comments or cautions:	
EMERGENCY CALL LIST	
PRIMARY CONTACT'S PERSON	
ADDRESS:	
PHONE:	
ALTERNATE CONTACT PERSON:	
ADDRESS:	
PHONE:	
ALARM COMPANY'S NAME:	
ADDRESS:	
TELEPHONE	
DATE OF INSTALLATION:	
SIGNATURE OF OFFICER:	
DATE OF THIS REPORT:	

Town of Dunbarton Emergency Alarm System Permit Application

Alarm Owner Information

Name:

Date of Birth:

Address:

Residence Phone:

Business Phone:

Exact Location of Building:

Description of System

Contact Information (Should have Key to Building and Code to Alarm)

Name:

Address:

Residence Phone:

Business Phone:

Legal Entity Responsible for Alarm Maintenance

Diagram of Building

Exterior

Interior

I have read and understand the following:

1. I am responsible for notifying the Dunbarton Police Department of any changes in the information given on the original application.
2. In the event that my alarm system malefunctions I will be required to have the appropriate repairs made within forty-eight (48) hours. Repeated malfunctions due to disrepair will be treated as false alarms.
3. That I will be assessed a service charge for each false alarm transmitted by such system in a calandar year, as follows:

1 to 3.....	No Charge
4 to 6, per alarm.....	\$ 50.00
7 or more, per alarm.....	\$100.00
4. I may appeal a false alarm service charge in writing to the Chief of Police within ten (10) days after receipt of notice of penalty.
5. Failure to pay false alarm service charges within forty-five (45) days of the notification date shall result in revocation of my permit.

Alarm Owner

Date